

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

ADDRESS (number and street)

2300 REXWOODS DRIVE SUITE 340

☐Check if different  
than previously  
reported. (ACC)

RALEIGH

NC

27607

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00235184

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☒July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

AMY M. CAVE

Signature of Treasurer

Electronically Filed by AMY M. CAVE

Date

07

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 48

Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		91186.67
(b) Cash on Hand at Beginning of Reporting Period .....	102229.68	
(c) Total Receipts (from Line 19) .....	10483.46	40157.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	112713.14	131344.12
7. Total Disbursements (from Line 31) .....	53067.15	71698.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59645.99	59645.99
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8920.00	16770.00
(ii) Unitemized .....	1060.00	22880.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9980.00	39650.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10480.00	40150.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.46	7.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10483.46	40157.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10483.46	40157.45

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	567.15	948.13	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	567.15	948.13	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	52000.00	69250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53067.15	71698.13	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53067.15	71698.13	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10480.00	40150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10480.00	40150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	567.15	948.13
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	567.15	948.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBIN D ALBERTSON

Mailing Address 106 DEEN STREET

City

MOUNT OLIVE

State

NC

Zip Code

28365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPE FEAR FARM CREDIT

Occupation

SALESPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12024

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

ROBIN D ALBERTSON

Mailing Address 106 DEEN STREET

City

MOUNT OLIVE

State

NC

Zip Code

28365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPE FEAR FARM CREDIT

Occupation

SALESPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12025

Amount of Each Receipt this Period

20.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

BRYAN ALLEN

Mailing Address 500 FOREST LANE EXT

City

WALLACE

State

NC

Zip Code

28466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APC COMPANY

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12026

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

BRYAN ALLEN

Mailing Address 500 FOREST LANE EXT

City

WALLACE

State

NC

Zip Code

28466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APC COMPANY

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12027

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

BRYAN ALLEN

Mailing Address 500 FOREST LANE EXT

City

WALLACE

State

NC

Zip Code

28466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APC COMPANY

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12028

Amount of Each Receipt this Period

60.00

PURCH. PIN SHOTS - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

HOLLI APPLIGATE

Mailing Address 4 CIRCLE LANE

City

STANFORD

State

IL

Zip Code

61774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOSTERMANS VENTILATION

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.12029

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

GARTH BOYD

Mailing Address 722 N. ANDERSON BLVD.

City

TOPSAIL BEACH

State

NC

Zip Code

28445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMCO

Occupation

SENIOR VP, AGRICULTURAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12037

Amount of Each Receipt this Period

20.00

PURCH. PIN SHOT - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

WENDY M. CRUMPLER

Mailing Address 1765 REGISTER ROAD

City

ROSE HILL

State

NC

Zip Code

28458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DM FARM OF ROSE HILL, LLC

Occupation

SWINE PRODUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.12043

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY DARDEN

Mailing Address 306 TIMBERLAKE DRIVE

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DARDEN FARMS

Occupation

PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12044

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY DARDEN

Mailing Address 306 TIMBERLAKE DRIVE

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DARDEN FARMS

Occupation  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12045

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY DARDEN

Mailing Address 306 TIMBERLAKE DRIVE

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DARDEN FARMS

Occupation  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12046

Amount of Each Receipt this Period

20.00

PURCH. PIN SHOT - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

RON FORQUER

Mailing Address 121 LAKE POINT DRIVE

City

CLAYTON

State

NC

Zip Code

27527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOTOMCO/BELL LABS

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.12047

Amount of Each Receipt this Period

250.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

SUZANNE GRIFFIN

Mailing Address 2706 BARMETTLER STREET

City

RALEIGH

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POYNER & SPRUILL LLP

Occupation

ATTORNEY/PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.12049

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

SUZANNE GRIFFIN

Mailing Address 2706 BARMETTLER STREET

City

RALEIGH

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POYNER & SPRUILL LLP

Occupation

ATTORNEY/PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12050

Amount of Each Receipt this Period

20.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

JERRY HAPPY

Mailing Address 165 PERSHING DRIVE

City

SAINT MARYS

State

OH

Zip Code

45885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUTOMATED PRODUCTION SYST-  
EMS

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12051

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

JERRY HAPPY

Mailing Address 165 PERSHING DRIVE

City

SAINT MARYS

State

OH

Zip Code

45885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUTOMATED PRODUCTION SYST-  
EMS

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12052

Amount of Each Receipt this Period

20.00

PURCH. MULLIGANS - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

MARC HOOPINGARNER

Mailing Address 8818 HOMEWOOD DRIVE

City

LEWISVILLE

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEMIN

Occupation

TERRITORY SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12054

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

MARC HOOPINGARNER

Mailing Address 8818 HOMEWOOD DRIVE

City

LEWISVILLE

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEMIN

Occupation

TERRITORY SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12055

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

MARC HOOPINGARNER

Mailing Address 8818 HOMEWOOD DRIVE

City

LEWISVILLE

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEMIN

Occupation

TERRITORY SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12056

Amount of Each Receipt this Period

40.00

PURCH. PIN SHOTS - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

RONALD V JACKSON

Mailing Address 105 INVERNESS RD

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLINTON TRUCK & TRACTOR  
CO INC

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.12058

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

RONALD V JACKSON

Mailing Address 105 INVERNESS RD

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLINTON TRUCK & TRACTOR  
CO INC

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.12059

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

DENNIS MCKILLIGAN

Mailing Address 5650 HIGHWAY 69

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TECH MIX

Occupation

SALESPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: SA11AI.12060

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

DENNIS MCKILLIGAN

Mailing Address 5650 HIGHWAY 69

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TECH MIX

Occupation

SALESPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Transaction ID: SA11AI.12061

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10**C.**

Full Name (Last, First, Middle Initial)

SCOTT MOORE

Mailing Address 1034 TIMBERLAKE DRIVE

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVUS INT.

Occupation

SALES/MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Transaction ID: SA11AI.12062

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

SUBTOTAL of Receipts This Page (optional) .....

1040.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

SCOTT MOORE

Mailing Address 1034 TIMBERLAKE DRIVE

City

CLINTON

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVUS INT.

Occupation

SALES/MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Transaction ID: SA11AI.12063

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10**B.**

Full Name (Last, First, Middle Initial)

PAT O'REILLY

Mailing Address 221 WINSLOW DRIVE

City

MANCHESTER

State

IA

Zip Code

52057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEXTRON ANIMAL HEALTH

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Transaction ID: SA11AI.12067

Amount of Each Receipt this Period

250.00

GOLF - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

PAT O'REILLY

Mailing Address 221 WINSLOW DRIVE

City

MANCHESTER

State

IA

Zip Code

52057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEXTRON ANIMAL HEALTH

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	0

Transaction ID: SA11AI.12068

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

GARLAND PARKER

Mailing Address 735 CARLTON ST

City

CLAYTON

State

NC

Zip Code

27520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHR. HANSEN INC.

Occupation

SWINE ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12069

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

GARLAND PARKER

Mailing Address 735 CARLTON ST

City

CLAYTON

State

NC

Zip Code

27520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHR. HANSEN INC.

Occupation

SWINE ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12070

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

GARLAND PARKER

Mailing Address 735 CARLTON ST

City

CLAYTON

State

NC

Zip Code

27520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHR. HANSEN INC.

Occupation

SWINE ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.12071

Amount of Each Receipt this Period

80.00

PURCH. PIN SHOTS - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

FRITZ RICHARDS

Mailing Address 209 KILLINGTON PLACE

City

DUNN

State

NC

Zip Code

28334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOG SLAT, INC.

Occupation

NATIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12073

Amount of Each Receipt this Period

20.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

FRITZ RICHARDS

Mailing Address 209 KILLINGTON PLACE

City

DUNN

State

NC

Zip Code

28334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOG SLAT, INC.

Occupation

NATIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12074

Amount of Each Receipt this Period

20.00

PURCH. PIN SHOT - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

ANDREW SMYTHE

Mailing Address 1018 RIDGEMONT DRIVE

City

LELAND

State

NC

Zip Code

28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVARTIS ANIMAL HEALTH

Occupation

KEY ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.12078

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

ANDREW SMYTHE

Mailing Address 1018 RIDGEMONT DRIVE

City

LELAND

State

NC

Zip Code

28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVARTIS ANIMAL HEALTH

Occupation

KEY ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	0

Transaction ID: SA11AI.12079

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10**B.**

Full Name (Last, First, Middle Initial)

ANDREW SMYTHE

Mailing Address 1018 RIDGEMONT DRIVE

City

LELAND

State

NC

Zip Code

28451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVARTIS ANIMAL HEALTH

Occupation

KEY ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	0

Transaction ID: SA11AI.12080

Amount of Each Receipt this Period

80.00

PURCH. PIN SHOTS - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

JOHN SOPPE

Mailing Address 1942 HONEY CREEK ROAD

City

MANCHESTER

State

IA

Zip Code

52057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOPPE SYSTEMS

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: SA11AI.12081

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

SUBTOTAL of Receipts This Page (optional) .....

620.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN SOPPE

Mailing Address 1942 HONEY CREEK ROAD

City

MANCHESTER

State

IA

Zip Code

52057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOPPE SYSTEMS

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.12082

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**B.**

Full Name (Last, First, Middle Initial)

B. FRANKIE WARREN

Mailing Address 214 KINGSTON CIRLCE

City

GOLDSBORO

State

NC

Zip Code

27530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOG SLAT, INC.

Occupation

SERVICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12089

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**C.**

Full Name (Last, First, Middle Initial)

B. FRANKIE WARREN

Mailing Address 214 KINGSTON CIRLCE

City

GOLDSBORO

State

NC

Zip Code

27530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOG SLAT, INC.

Occupation

SERVICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12090

Amount of Each Receipt this Period

40.00

PURCH. MULLIGANS/RED TEES  
- 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

B. FRANKIE WARREN

Mailing Address 214 KINGSTON CIRCLE

City

GOLDSBORO

State

NC

Zip Code

27530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOG SLAT, INC.

Occupation

SERVICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12091

Amount of Each Receipt this Period

80.00

PURCH. PIN SHOTS - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

8920.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

NC FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

Mailing Address PO BOX 27766

City

RALEIGH

State

NC

Zip Code

27611

FEC ID number of contributing  
federal political committee.

**C**

C00216754

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11C.12066

Amount of Each Receipt this Period

500.00

GOLF - 5/13/10

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

BRANCH BANK &amp; TRUST

Mailing Address MAIN, 200 EAST CHATHAM STREET

City  
CARYState  
NCZip Code  
27511-0670Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12023

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

567.15

SUBTOTAL of Disbursements This Page (optional) .....

567.15

TOTAL This Period (last page this line number only) .....

567.15

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

A.

Full Name (Last, First, Middle Initial)

COM.TO ELECT LARRY KISSELL

Mailing Address P.O. BOX 1530

City  
BISCOE

State  
NC

Zip Code  
27209

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
LARRY KISSELL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.11906

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 48

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT A.B. SWINDELL

Mailing Address 700 BIRCHWOOD DRIVE

City State Zip Code  
NASHVILLE NC 27856

Purpose of Disbursement

CONTRIBUTION

Candidate Name

A.B. SWINDELL, IV

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District: 11

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11954

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT ALICE BORDSEN

Mailing Address 411 S. FIFTH STREET

City State Zip Code  
MEBANE NC 27302

Purpose of Disbursement

CONTRIBUTION

Candidate Name

ALICE BORDSEN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 63

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11913

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT ALICE UNDERHILL

Mailing Address 3910 COUNTRY CLUB ROAD

City State Zip Code  
NEW BERN NC 28562

Purpose of Disbursement

CONTRIBUTION

Candidate Name

ALICE GRAHAM UNDERHILL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11935

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT ANNIE MOBLEY

Mailing Address P.O. BOX 794

City AHOSKIE State NC Zip Code 27910

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ANNIE MOBLEY011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 05

Transaction ID: SB29.11944

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT ARTHUR WILLIAMS

Mailing Address 108 ARBOR DRIVE

City WASHINGTON State NC Zip Code 27889

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ARTHUR WILLIAMS011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 06

Transaction ID: SB29.12006

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT BECKY CARNEY

Mailing Address P.O. BOX 32873

City CHARLOTTE State NC Zip Code 28232

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
BECKY CARNEY011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.11947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT BEVERLY EARLE	<b>Transaction ID:</b> SB29.11971 <b>Date of Disbursement</b>																				
Mailing Address 312 S CLARKSON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City CHARLOTTE State NC Zip Code 28202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name BEVERLY EARLE	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT BILL FAISON	<b>Transaction ID:</b> SB29.11939 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 25	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	1	0												
City CEDAR GROVE State NC Zip Code 27231	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name BILL FAISON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 50	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT BILL FAISON	<b>Transaction ID:</b> SB29.11972 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 25	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City CEDAR GROVE State NC Zip Code 27231	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name BILL FAISON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 50	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT BILL OWENS JR

Mailing Address 113 HUNTERS TRAIL EAST

City ELIZABETH CITY State NC Zip Code 27909

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
BILL OWENS, JR.011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: SB29.11927

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT BILL PURCELL

Mailing Address 1301 DUNBAR DRIVE

City LAURINBURG State NC Zip Code 28352

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
BILL PURCELL011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 25

Transaction ID: SB29.11997

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT BOB RUCHO

Mailing Address 305 TRAFALGAR PLACE

City MATTHEWS State NC Zip Code 28105

Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
BOB RUCHO011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 39

Transaction ID: SB29.12000

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 48

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT BRUCE GOFORTH

Mailing Address 137 STONECREST DRIVE

City ASHEVILLE State NC Zip Code 28803

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BRUCE GOFORTH

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.11921

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT CHARLIE DANNELLY

Mailing Address 3167 DAWNSHIRE AVENUE

City CHARLOTTE State NC Zip Code 28216

Purpose of Disbursement

CONTRIBUTION

Candidate Name

CHARLIE DANNELLY

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 38

Transaction ID: SB29.11970

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT CHRIS HEAGARTY

Mailing Address 4333 WORLEY DRIVE

City RALEIGH State NC Zip Code 27613

Purpose of Disbursement

CONTRIBUTION

Candidate Name

CHRIS HEAGARTY

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 41

Transaction ID: SB29.12008

Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT CLARK JENKINS	<b>Transaction ID:</b> SB29.11951 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 310	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
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0	4		2	9		2	0	1	0												
City TARBORO State NC Zip Code 27886	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name CLARK JENKINS	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: 03 <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DALE FOLWELL	<b>Transaction ID:</b> SB29.11948 <b>Date of Disbursement</b>																				
Mailing Address 299 S. WESTVIEW DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
City WINSTON SALEM State NC Zip Code 27104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name DALE FOLWELL	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: 74 <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DAN CLODFELTER	<b>Transaction ID:</b> SB29.11965 <b>Date of Disbursement</b>																				
Mailing Address 523 CLEMENT AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City CHARLOTTE State NC Zip Code 28204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name DAN CLODFELTER	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: 37 <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 48

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DARREN JACKSON	<b>Transaction ID:</b> SB29.11950 <b>Date of Disbursement</b>
Mailing Address 1525 CRICKETT ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 0</div> </div>
City RALEIGH State NC Zip Code 27610	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name DARREN JACKSON	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 39	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DAVID LEWIS	<b>Transaction ID:</b> SB29.11982 <b>Date of Disbursement</b>
Mailing Address 116 KINGSWAY DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City DUNN State NC Zip Code 28335	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name DAVID LEWIS	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 53	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DAVID ROUZER	<b>Transaction ID:</b> SB29.11999 <b>Date of Disbursement</b>
Mailing Address 108 PEACH ORCHARD DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City BENSON State NC Zip Code 27504	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name DAVID ROUZER	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 48

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DEWEY L HILL	<b>Transaction ID:</b> SB29.11923 <b>Date of Disbursement</b>
Mailing Address 209 CANAL COVE RD.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City LAKE WACCAMAW State NC Zip Code 28450	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name DEWEY HILL	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DON DAVIS	<b>Transaction ID:</b> SB29.11957 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 246	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City Snow Hill State NC Zip Code 28580	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name DON DAVIS	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DON EAST	<b>Transaction ID:</b> SB29.11938 <b>Date of Disbursement</b>
Mailing Address 971 LONGHILL RD.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City PILOT MOUNTAIN State NC Zip Code 27041	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>250.00</div>
Candidate Name DON EAST	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT DOUG BERGER	<b>Transaction ID:</b> SB29.11911 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 1101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City YOUNGSVILLE State NC Zip Code 27596	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name DOUG BERGER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT EDITH WARREN	<b>Transaction ID:</b> SB29.11916 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 448	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
City FARMVILLE State NC Zip Code 27828	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name EDITH WARREN	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT EDITH WARREN	<b>Transaction ID:</b> SB29.11955 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 448	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
City FARMVILLE State NC Zip Code 27828	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name EDITH WARREN	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT EFTON SAGER

Mailing Address 401 SOUTHWOOD DRIVE

City State Zip Code  
GOLDSBORO NC 27530Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
EFTON SAGER011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: SB29.12012

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT GRIER MARTIN

Mailing Address P.O. BOX 6528

City State Zip Code  
RALEIGH NC 27628Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
GRIER MARTIN011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 34

Transaction ID: SB29.11962

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT HAROLD BRUBAKER

Mailing Address 215 BACK CREEK CHURCH RD

City State Zip Code  
ASHEBORO NC 27203Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
HAROLD BRUBAKER011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 78

Transaction ID: SB29.11914

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1750.00

TOTAL This Period (last page this line number only) ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT HUGH HOLLIMAN

Mailing Address 103 SAPONA ROAD

City LEXINGTON State NC Zip Code 27295

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
HUGH HOLLIMAN011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 81

Transaction ID: SB29.11949

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT JAMES LANGDON

Mailing Address 10176 NC 50 HWY N

City ANGIER State NC Zip Code 27501

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
JAMES LANGDON011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 28

Transaction ID: SB29.11942

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT JANE WHILDEN

Mailing Address P. O. Box 5593

City Asheville State NC Zip Code 28813

Purpose of Disbursement

CONTRIBUTION

Candidate Name

JANE WHILDEN

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.12005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT JEAN FARMER-BUTTERFIELD

Mailing Address 1001 WEST VANCE ST. N.

City WILSON State NC Zip Code 27893

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JEAN FARMER-BUTTERFIELD

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 24

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11919

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT JEAN PRESTON

Mailing Address PO BOX 4640

City EMERALD ISLE State NC Zip Code 28594

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JEAN PRESTON

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District: 02

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11995

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT JEFF BARNHART

Mailing Address PO BOX 246

City CONCORD State NC Zip Code 28026-0246

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JEFF BARNHART

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 82

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11909

Date of Disbursement

04 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JIM FORRESTER	<b>Transaction ID:</b> SB29.11960 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 459	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	0												
City STANLEY State NC Zip Code 28164	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name JIM FORRESTER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 41	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JIMMY LOVE	<b>Transaction ID:</b> SB29.11983 <b>Date of Disbursement</b>																				
Mailing Address 2320 HAWKINS AVE.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City SANFORD State NC Zip Code 27330	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name JIMMY LOVE	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 51	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JOE HACKNEY	<b>Transaction ID:</b> SB29.11917 <b>Date of Disbursement</b>																				
Mailing Address 104 CAROLINA FOREST ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	0												
City CHAPEL HILL State NC Zip Code 27516	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name JOE HACKNEY	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 54	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JOE SAM QUEEN	<b>Transaction ID:</b> SB29.11998 <b>Date of Disbursement</b>
Mailing Address 209 HILLVIEW CIRCLE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City WAYNESVILLE State NC Zip Code 28786	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name JOE SAM QUEEN	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 47	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JOE TOLSON	<b>Transaction ID:</b> SB29.11933 <b>Date of Disbursement</b>
Mailing Address PO BOX 1038	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City PINETOPS State NC Zip Code 27864	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name JOE TOLSON	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JOE TOLSON	<b>Transaction ID:</b> SB29.12002 <b>Date of Disbursement</b>
Mailing Address PO BOX 1038	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City PINETOPS State NC Zip Code 27864	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name JOE TOLSON	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JOHN MAY	<b>Transaction ID:</b> SB29.12010 <b>Date of Disbursement</b>																				
Mailing Address 273 Dorsey Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	0												
City State Zip Code Louisburg NC 27549	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name JOHN MAY	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 49	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT JULIA HOWARD	<b>Transaction ID:</b> SB29.11980 <b>Date of Disbursement</b>																				
Mailing Address 203 MAGNOLIA AVENUE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City State Zip Code MOCKSVILLE NC 27028	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name JULIA HOWARD	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 79	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT LARRY BELL	<b>Transaction ID:</b> SB29.11910 <b>Date of Disbursement</b>																				
Mailing Address 908 SW BOULEVARD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City State Zip Code CLINTON NC 28328	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name LARRY BELL	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT LINDA GARROU	<b>Transaction ID:</b> SB29.11974 <b>Date of Disbursement</b>																				
Mailing Address 3910 CAMERILLE FARM ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City WINSTON SALEM State NC Zip Code 27106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name LINDA GARROU	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT LORENE COATES	<b>Transaction ID:</b> SB29.11966 <b>Date of Disbursement</b>																				
Mailing Address 1345 GHEEN ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City SALISBURY State NC Zip Code 28147	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name LORENE COATES	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 77	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT MARGARET DICKSON	<b>Transaction ID:</b> SB29.11958 <b>Date of Disbursement</b>																				
Mailing Address 501 VALLEY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	0												
City FAYETTEVILLE State NC Zip Code 28305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name MARGARET DICKSON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT MARIAN MCLAWHORN

Mailing Address PO BOX 399

City GRIFTON State NC Zip Code 28530

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MARIAN MCLAWHORN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 09

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11985

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT MARTIN NESBITT

Mailing Address 180 ROBINHOOD ROAD #3

City ASHEVILLE State NC Zip Code 28804

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MARTIN NESBITT

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District: 49

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11963

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
COM.TO ELECT MICKEY MICHAUX

Mailing Address 1722 ALFRED STREET

City DURHAM State NC Zip Code 27713

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

MICKEY MICHAUX

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 31

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB29.11925

Date of Disbursement

04 / 23 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT MITCH GILLESPIE	<b>Transaction ID:</b> SB29.11978 <b>Date of Disbursement</b>
Mailing Address 185 CROSS CREEK N. RIDGE DR.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City MARION State NC Zip Code 28752	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name MITCH GILLESPIE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 85	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT PAT HURLEY	<b>Transaction ID:</b> SB29.11941 <b>Date of Disbursement</b>
Mailing Address 141 Ridgecrest Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City Asheboro State NC Zip Code 27203	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>250.00</div>
Candidate Name PAT HURLEY	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 70	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT PAUL STAM	<b>Transaction ID:</b> SB29.11931 <b>Date of Disbursement</b>
Mailing Address 714 HUNTER STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City APEX State NC Zip Code 27502	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name PAUL STAM	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 37	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT PAUL STAM	<b>Transaction ID:</b> SB29.12001 <b>Date of Disbursement</b>																				
Mailing Address 714 HUNTER STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City APEX State NC Zip Code 27502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name PAUL STAM	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 37	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT PETE BRUNSTETTER	<b>Transaction ID:</b> SB29.11915 <b>Date of Disbursement</b>																				
Mailing Address 3054 PANTHER RIDGE LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City LEWISVILLE State NC Zip Code 27023	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name PETE BRUNSTETTER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT PHIL BERGER	<b>Transaction ID:</b> SB29.11912 <b>Date of Disbursement</b>																				
Mailing Address 311 PINWOOD PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City EDEN State NC Zip Code 27289	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name PHIL BERGER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

COM.TO ELECT PHIL HAIRE

Mailing Address PO BOX 727

City  
SYLVAState  
NCZip Code  
28779Purpose of Disbursement  
CONTRIBUTION

011

Category/  
TypeCandidate Name  
PHIL HAIREOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.11961

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

COM.TO ELECT PRYOR GIBSON, III

Mailing Address P.O. BOX 1010

City  
WADESBOROState  
NCZip Code  
28170Purpose of Disbursement  
CONTRIBUTION

011

Category/  
TypeCandidate Name  
PRYOR GIBSON, IIIOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 69

Transaction ID: SB29.11976

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

COM.TO ELECT RICHARD GLAZIER

Mailing Address 2642 OLD COLONY PLACE

City  
FAYETTEVILLEState  
NCZip Code  
28303Purpose of Disbursement  
CONTRIBUTION

011

Category/  
TypeCandidate Name  
RICHARD GLAZIEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 45

Transaction ID: SB29.11979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT ROBERT ATWATER	<b>Transaction ID:</b> SB29.11908 <b>Date of Disbursement</b>																				
Mailing Address 2089 FARRINGTON POINT ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City State Zip Code CHAPEL HILL NC 27517	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name ROBERT ATWATER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT ROSA GILL	<b>Transaction ID:</b> SB29.11977 <b>Date of Disbursement</b>																				
Mailing Address 2408 FOXTROT ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City State Zip Code RALEIGH NC 27610	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name ROSA GILL	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 33	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT RUTH SAMUELSON	<b>Transaction ID:</b> SB29.11952 <b>Date of Disbursement</b>																				
Mailing Address 1143 ANDOVER ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
City State Zip Code CHARLOTTE NC 28211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name RUTH SAMUELSON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT SARAH STEVENS	<b>Transaction ID:</b> SB29.11946 <b>Date of Disbursement</b>
Mailing Address 2161 Margaret Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City State Zip Code Mount Airy NC 27030	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>250.00</div>
Candidate Name SARAH STEVENS	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 90	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT SUSAN FISHER	<b>Transaction ID:</b> SB29.11973 <b>Date of Disbursement</b>
Mailing Address 7 MAPLE RIDGE LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City State Zip Code ASHEVILLE NC 28806	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name SUSAN FISHER	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT THOMAS APODACA	<b>Transaction ID:</b> SB29.11907 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 1011	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City State Zip Code HENDERSONVILLE NC 28793	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>2000.00</div>
Candidate Name THOMAS APODACA	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 48	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT THOM TILLIS	<b>Transaction ID:</b> SB29.11964 <b>Date of Disbursement</b>
Mailing Address 17209 Green Dolphin Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City Cornelius State NC Zip Code 28031	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name THOM TILLIS	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 98	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT TIM MOORE	<b>Transaction ID:</b> SB29.11986 <b>Date of Disbursement</b>
Mailing Address 1417 MERRIMONT DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City KINGS MOUNTAIN State NC Zip Code 28086	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name TIM MOORE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT TIM SPEAR	<b>Transaction ID:</b> SB29.11929 <b>Date of Disbursement</b>
Mailing Address 612 MT. TABOR ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City CRESWELL State NC Zip Code 27928	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name TIM SPEAR	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT VERLA INSKO	<b>Transaction ID:</b> SB29.11981 <b>Date of Disbursement</b>																				
Mailing Address 610 SURRY ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City CHAPEL HILL State NC Zip Code 27514	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name VERLA INSKO	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 56	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT WALTER DALTON	<b>Transaction ID:</b> SB29.11968 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 1696	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City RALEIGH State NC Zip Code 27602	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name WALTER DALTON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT WILLIAM WAINWRIGHT	<b>Transaction ID:</b> SB29.12003 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City HAVELOCK State NC Zip Code 28532-0941	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name WILLIAM WAINWRIGHT	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) COM.TO ELECT WINKIE WILKINS	<b>Transaction ID:</b> SB29.11937 <b>Date of Disbursement</b>
Mailing Address 210 FAIR OAKS DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 0</div> </div>
City ROXBORO State NC Zip Code 27574	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>500.00</div>
Candidate Name WINKIE WILKINS	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 55	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NC HOUSE DEMOCRATIC COMMITTEE	<b>Transaction ID:</b> SB29.11988 <b>Date of Disbursement</b>
Mailing Address 220 HILLSBOROUGH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City RALEIGH State NC Zip Code 27603	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>2000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NC HOUSE REPUBLICAN COMMITTEE	<b>Transaction ID:</b> SB29.11990 <b>Date of Disbursement</b>
Mailing Address 1506 HILLSBOROUGH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City RALEIGH State NC Zip Code 27605	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C PORK PRODUCERS ASSOC IN PAC

**A.**

Full Name (Last, First, Middle Initial)

NC SENATE DEMOCRATIC COMMITTEE

Mailing Address 220 HILLSBOROUGH STREET

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11992

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

NC SENATE REPUBLICAN COMMITTEE

Mailing Address 1506 HILLSBOROUGH STREET

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11994

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

52000.00